

Mr Martin John Brown

Buxton Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 26 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Buxton Dental Practice is located in premises in the centre of the market town of Buxton in Derbyshire and provides both NHS and private treatment to patients of all ages.

There was level access at the rear of the practice which enabled patients who used a wheelchair or had large pushchairs access. Alternative arrangements were

Summary of findings

available at other dental practices within the town should access prove to be an issue. Car parking spaces, including for patients with disabled badges were located near by in pay and display car park.

The dental team includes three dentists; one orthodontist; two hygiene therapists; three qualified dental nurses including the practice manager; two trainee dental nurses and one receptionist. The practice has three treatment rooms, one of which is on the ground floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 49 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses, and the acting practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday: 8 am to 5 pm; Tuesday 8 am to 5 pm; Wednesday 9 am to 6 pm; Thursday: 9 am to 6 pm; and Friday: 9 am to 4 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good with staff listening and explaining treatment options. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 51 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, welcoming and helpful, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

No action



Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Every accident (there had been four in the year up to this inspection) had been investigated and the action taken as a result was recorded. The practice maintained an accident book which was compliant with the relevant regulations.

The practice recorded, responded to and discussed all significant events and near misses to reduce risk and support future learning. The practice kept a record of significant events investigated them and recorded the outcome. We saw that significant events had been analysed and learning points identified. Significant events were discussed at full staff meetings and the minutes reflected learning points having been shared.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Records showed the practice received regular alerts and they were analysed by the principal dentist. Information was shared with staff if the alert related to dentistry or was relevant.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policies had been reviewed in January 2017. The principal dentist was the identified lead for safeguarding in the practice. They had received training in child protection to level two in September 2016 and also safeguarding vulnerable adults training. We saw evidence that all staff had completed children's safeguarding training to level two and had received regular updates. The practice had produced a risk assessment related to safeguarding

children and vulnerable adults and working practices within the building. Information and guidance for staff including telephone numbers and a flowchart were displayed on the staff room notice board.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with a guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. This included single use matrix bands and safety systems for using injection needles. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dams available for dentists.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. For example heavy snowfall.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed in October 2016.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Equipment included an automated external defibrillator (AED), medical oxygen and other resuscitation equipment such as airways and a bag valve mask.

The practice had a first aid box and two members of staff had completed first aid at work training during 2016.

Staff recruitment

Are services safe?

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at seven staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. Copies of the relevant certificates to demonstrate this were held on file. The practice manager had a system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The principal dentist was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was on display in reception and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice had a fire risk assessment which had been reviewed in April 2017. There was an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. Records showed the last fire drill had been completed on 21 April 2017. These were scheduled annually.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Records showed that staff had completed infection prevention and control training and were up-to-date.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit which was completed in November 2016 showed the practice was meeting the required standards. There was also an action plan summary which identified what action had been taken in response to any issues highlighted in each audit.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been reviewed on 31 August 2016 by an external contractor.

There were records to demonstrate that all staff had received inoculations against Hepatitis B and had received boosters when required.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. This included testing of the electrical equipment in January 2017, servicing of the fire extinguishers in May 2016 and servicing of the compressor which produced the compressed air for the dental drills had been completed in July 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). Autoclaves used to sterilise dental instruments had all been serviced in July 2016.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept secure records of NHS prescriptions as described in current guidance. This enabled staff to maintain a clear audit trail.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

Are services safe?

All X-ray machines had been serviced in April 2015 in line with requirements from the Ionising Radiation Regulations 1999 (IRR 99). The regulations state X-ray equipment should be serviced every three years.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out

X-ray audits every year following current guidance and legislation. The last X-ray audit was dated February 2017, this had clear action and learning points identified for clinical staff.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC). We saw training certificates to evidence staff had completed the relevant CPD.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The practice used an electronic dental records system. The dentists assessed patients' treatment needs in line with recognised guidance.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. An audit in January 2017 had scored slightly lower than the previous audit. This had generated an action plan and a re-audit in April 2017 to check that necessary actions had been implemented.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' We saw a copy of this document in the practice, and discussions with dentist showed they were familiar with its content and used its recommendations on a daily basis.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The practice produced a quarterly newsletter as another means of communicating with patients. The Spring 2017 newsletter had particularly focussed on the dangers of sugar. This also alerted patients to look out for hidden sugars in common foodstuffs.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw this was recorded in dental care records. The

practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available.

There were leaflets to provide information to patients about dental treatments and some posters and literature aimed at children. Staff at the practice had produced an easy read brochure which introduced the practice with photographs and symbols. This was aimed at patients who had additional needs.

Staffing

The practice had three dentists; one orthodontist; two hygiene therapists; three qualified dental nurses including the practice manager; two trainee dental nurses and one receptionist. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC. During the inspection we saw copies of individual staff training certificates relating to their professional qualification.

Staff new to the practice had a period of induction based on a structured programme. This included shadowing opportunities and hands on learning. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff and personal development plans detailing identified training needs.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere

Are services effective?

(for example, treatment is effective)

either to a dental practice who provided sedation or to one of the local hospitals who provided this service. Children or patients with special needs who required more specialist dental care were referred to the community dental service.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a consent policy which was reviewed following this inspection visit. The updated version included detailed information about the Mental Capacity Act 2005 (MCA) and Gillick competencies. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We

saw some examples where dentists had recorded this information in dental care records. Discussions with dentists showed they had a good grasp of the principals embedded in the MCA and how it related to dentistry.

The dental team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. This included making best interest decisions on behalf of patients who lacked capacity. Dentists and dental nurses also understood Gillick competence and were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with reception staff who were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly and helpful, treatment was explained in a way that patients' could understand and that they were put at ease. We saw that staff treated patients with respect, were polite, professional and caring at the reception desk and over the telephone.

Nervous patients said staff were sensitive and reassuring. Patients could choose whether they saw a male or female dentist as both were available in the practice.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

There were magazines and a television in the downstairs waiting room which gave information about the practice and positive oral health messages. The practice provided drinking water on request.

Information posters and leaflets together with patient testimonials were available for patients to read.

Involvement in decisions about care and treatment

The practice offered mostly private treatments (approximately 70%). The costs for both NHS and private dental treatments were displayed in the waiting room and on the practice website.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

Patients told us staff were kind, caring and professional when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments, orthodontics, cosmetic dentistry and dentures provided by this practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making a ground floor treatment room available. There were alternative arrangements available for patients who could not physically access the building.

Staff told us that if requested they telephoned older patients the afternoon before their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing a ground floor treatment room and an adapted toilet for patients with restricted mobility. The practice did not have a hearing loop. The Equality Act 2010 requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices. The building in which the practice was located presented a number of challenges for patients with restricted mobility. However, the practice had made suitable adjustments to assist patients with restricted mobility to access the building. If patient was unable to access the building they were referred to another local practice which had level access.

Staff said they had access to a specialist company who provided interpreter and translation services which included British Sign Language.

Access to the service

The practice displayed its opening hours outside the premises, in their information leaflet and on their website. The practice leaflet informed patients that a ground floor treatment room was available if they could not manage the stairs.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The practice operated a text message reminder service for patients who had appointments with the dentist 48 hours before their appointment was due.

The provider had a website: www.buxtondental.co.uk. This allowed patients to access the latest information or check opening times or treatment options on-line.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The principal dentist was responsible for dealing with complaints in the practice. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response. This was also part of the practice policy.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received four complaints and several compliments. Records showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice was registered as an individual and had a manager who had overall responsibility for the management of the practice. The leadership of the practice was the responsibility of the principal dentist. Staff knew the management arrangements and their roles and responsibilities. The practice had an experienced practice manager whose role included the day to day running of the service.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Policies and risk assessments had been kept under review with all policies reviewed within the 12 months before this inspection. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Computers were password protected and staff were aware of the need to maintain confidentiality.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice manager gave an example of where this had been put in to practice.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us both the principal dentist and the practice manager were approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held staff meetings every two weeks where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. Immediate discussions were arranged to share urgent information.

The practice had a whistleblowing policy which identified how staff could raise any concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with identified external agencies.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Where the audits identified issues measures were taken to address these including re-audits to assess their affect.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw evidence in staff files and through discussions that staff were completing a range of training courses, and this was supported by the practice to ensure the development of their skills.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. There were certificates and training materials in the practice which identified there was a strong emphasis on training and development.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used a range of means including patient surveys, and verbal comments to obtain staff and patients' views about the service. The reception staff analysed the comments received on a monthly basis and these were routinely discussed in staff meetings. We saw examples of suggestions from patients the practice had acted on, for example the production of an easy read practice brochure by staff with photographs and signs.

Are services well-led?

The practice produced a newsletter regularly through the year to keep patients informed of developments within the practice and to provide positive oral health messages.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

There were five patient reviews recorded on the NHS Choices website, two within the 12 months before this inspection. Reviews were mostly positive and the practice had responded to the patients' comments.

Patients could also leave feedback through the practice website at: www.buxtondental.co.uk